FAMILY ASSISTANCE CENTER MESSAGE FORM

Check Box option

EMERGENCY ____ URGENT ____ ROUTINE ____ MILITARY _____

UNIT INFO

Time in: Drop Down Box Date in: Drop Down Box Time out: Drop Down Box Date out: Drop Down Box

POC & Phone #:_____ UNIT :_____

WHO IS TAKING THIS MESSAGE:_____ DATE/TIME_____

WHO IS CALLING: _____

PHONE NUMBER WHERE CALLER CAN BE REACHED: _____

MESSAGE TO BE FORWARDED TO:

Name/rank of Service Member: _____ SSN: _____

Unit of Assignment/Unit Home Location: _____

MESSAGE IS ABOUT (INDIVIDUAL'S NAME/EVENT): _____

IF THIS IS AN EMERGENCY, WAS IT AN EXPECTED EMERGENCY? _____

IS CHAPLAIN ASSISTANCE REQUIRED? _____

IF CALLER IS ALONE, IS THERE SOMEONE WE CAN CALL? _____

Family/Friend/Minister: (NAME/PHONE #): _____

MESSAGE (INCLUDING DETAILS WHEN AND WHERE):_____

_____

_____

_____

_____

_____

_____

LOG # _____ NAME _____

SDNG Form 600-12-3[redacted] (1 Jun 00)

FOLLOW - UP (Include DATE and TIME IN, POC and MESSAGE)

1. _____

_____

_____

2. _____

_____

3. _____

_____

IF RED CROSS VERIFICATION IS REQUIRED:

RED CROSS POC: _____

RED CROSS VERIFICATION RECEIVED (DTG): _____

Information required for RED CROSS Verification: Name of person/Event and Location (SPECIFIC) ie: Hospital, Funeral Home, Prognosis, Diagnosis.

_____

_____

_____

IF AIRLINE TICKETS ARE REQUIRED FROM SATO:

SOLDIER'S NAME: _____

SSN:_____

DEPART FROM: _____ DESTINATION: _____

ONE WAY _____ OR ROUND TRIP _____

ALSO NEED A COPY OF THE UNIT ORDERS TO OBTAIN THE STATE AG AND ACCOUNTING CLASSIFICATION

REIMBURSEMENT FOR: CHILD CARE COST FOR VOLUNTEERS IN SUPPORT OF FAMILY PROGRAMS

NAME: _____ DATE: Drop Down Box

ADDRESS: _____

DATE: Drop Down Box _____ FOR: Drop Down Box _____
(NUMBER OF CHILDREN)

TIME IN: Drop Down Box _____ AMOUNT PER HOUR: _____

TIME OUT: Drop Down Box _____ TOTAL NUMBER OF HOURS: Drop Down Box

TOTAL COST: _____

CHILD CARE PROVIDER: _____

ADDRESS: _____ PHONE: _____

ACTIVITY: _____

APPROVED BY: Electronic Signature _____
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED: $ _____

VOLUNTEER SIGNATURE _____

SOUTH DAKOTA NATIONAL GUARD
FAMILY PROGRAM BABY-SITTING REGISTER

Cost per hour per child = $_____

Child's Name	Time In	Time Out	Total Time	Total Cost
1.	Drop Down Box	Drop Down Box		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
Total=				

SDNG Form 600-12-5[illegible] (20Jun93)

REIMBURSEMENT FOR: NEWSLETTERS, PRINTING AND MAILING COST FOR VOLUNTEERS IN SUPPORT OF FAMILY PROGRAMS

NAME: _____ **DATE** Drop Down Box

ADDRESS: _____

RECEIPTS FOR PRINTING AND MAILING COST MUST BE ATTACHED FOR REIMBURSEMENT ALONG WITH A COPY OF YOUR NEWSLETTER.

NUMBER OF PAGES: Drop Down Box

NUMBER OF COPIES MADE: Drop Down Box

COST PER PAGE: _____

TOTAL COST OF COPIES MADE: _____

NUMBER OF COPIES MAILED OUT: Drop Down Box

COST OF ENVELOPES: _____

COST OF PAPER: _____

COST OF POSTAGE: _____

OTHER EXPENSES: _____

TOTAL COST: _____

APPROVED BY: _____
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED: $ _____

VOLUNTEER SIGNATURE: _____

SDNG Form 600-12-6 (20Jun93)

REIMBURSEMENT FOR: TRANSPORTATION COST FOR VOLUNTEERS IN SUPPORT OF FAMILY PROGRAMS

NAME: ______________________________ DATE: Drop Down Box

ADDRESS: ______________________________

RECEIPTS FOR TRANSPORTATION COST: MILEAGE AT CURRENT RATE PER MILE

DATE: Drop Down Box MILEAGE: __________ PURPOSE: ______________
POINT OF DEPARTURE: ______________________________
POINT OF ARRIVAL: ______________________________

DATE: Drop Down Box MILEAGE: __________ PURPOSE: ______________
POINT OF DEPARTURE: ______________________________
POINT OF ARRIVAL: ______________________________

DATE: Drop Down Box MILEAGE: __________ PURPOSE: ______________
POINT OF DEPARTURE: ______________________________
POINT OF ARRIVAL: ______________________________

DATE: Drop Down Box MILEAGE: __________ PURPOSE: ______________
POINT OF DEPARTURE: ______________________________
POINT OF ARRIVAL: ______________________________

DATE: Drop Down Box MILEAGE: __________ PURPOSE: ______________
POINT OF DEPARTURE: ______________________________
POINT OF ARRIVAL: ______________________________

TOTAL MILEAGE: ______________

TOTAL COST: $ ______________

APPROVED: [signature] ______________________________
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED: $ ______________________________

VOLUNTEER SIGNATURE: ______________________________

SDNG Form 600-12-7● (20June93)

REIMBURSEMENT FOR: TELEPHONE COST FOR VOLUNTEERS IN SUPPORT FAMILY PROGRAMS

NAME: _____

ADDRESS: _____

COPY OF TELEPHONE BILL MUST BE ATTACHED FOR REIMBURSEMENT

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE CALLED: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: Drop Down Box

APPROVED BY: _____
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED: $ _____

VOLUNTEER SIGNATURE _____

REIMBURSEMENT FOR: INCIDENTAL EXPENDITURES FOR VOLUNTEERS IN SUPPORT OF FAMILY PROGRAMS

NAME: _____

ADDRESS: _____ **DATE:** Drop Down Box

RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

TYPE OF EXPENDITURE: _____

_____

_____

PURPOSE OF EXPENDITURE: _____

_____

_____

_____

_____

_____

TOTAL COST: _____

APPROVED BY: _____
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED: $ _____

VOLUNTEER SIGNATURE: _____

SDNG Form 600-12-9[illegible] (20Jun93)

(Date) Drop Down Box

MEMORANDUM THRU

FOR Office of The Adjutant General, ATTN: SDMPO-FP, 2823 West Main, Rapid City, SD 57702-8186

SUBJECT: Request for Wellness Event

1. Type of wellness presentation:

2. Suggested Speaker(s) for presentation, address, and phone number if known:

3. Date/times of presentation: Drop Down Box

4. Location of presentation:

5. Estimated number of spouses, parents, retirees: Drop Down Box
   Estimated number of guard members: 5
   Other: _____: _____

   TOTAL NUMBER OF PEOPLE IN ATTENDANCE: _____

6. Will this presentation be in conjunction with other family activities?
   YES/NO If yes, explain

Check Box option ☐ yes ☐ no

7. Name, address, and phone number of requestor:

8. Unit or Family Support Group:

9. Commander Approval (signature block and signature below)
   Electronic Signature

SDNG Form 600-12-10● (25Jun93)

SERVICE MEMBER FAMILY READINESS INFORMATION

ALL INFORMATION GIVEN ON THIS SHEET IS CONFIDENTIAL AND WILL NOT BE RELEASED TO OTHERS WITHOUT PERMISSION OF THE INDIVIDUALS CONCERNED. PLEASE COMPLETE FORM COMPLETELY IN PENCIL AND PRINT CLEARLY.

Drop Down Box Date Prepared

Drop Down Box Date Reviewed

***DO NOT USE COLLEGE ADDRESS UNLESS IT IS A PERMANENT ADDRESS**

SOLDIER INFORMATION

SOLDIER'S RANK/NAME: _____
(RANK) (LAST NAME, FIRST, MI)

MAILING ADDRESS: _____
(PO BOX OR STREET) (CITY, STATE, ZIP CODE)

MILITARY UNIT: _____
(UNIT DESIGNATION) (CITY, STATE, ZIP CODE)

SPOUSE / FAMILY MEMBER / FRIEND INFORMATION

NAME _____ RELATIONSHIP _____

WHERE CAN THIS PERSON BE REACHED WHILE THE SOLDIER IS AT TRAINING/DEPLOYED?

_____
MAILING ADDRESS: (PO BOX OR STREET) (CITY, STATE, ZIP CODE)

AREA CODE + PHONE NUMBER WHERE THIS PERSON CAN BE REACHED DURING TRAINING/DEPLOYMENT.

_____
(HOME) / (WORK)

WHAT IS THE BEST TIME OF DAY/EVENING TO CALL THIS PERSON? _____

Their Email Address: _____

ALTERNATE INFORMATION (IF ABOVE NAMED INDIVIDUAL CAN'T BE REACHED)

NAME _____ RELATIONSHIP _____

AREA CODE + PHONE NUMBER WHERE THIS PERSON CAN BE REACHED DURING TRAINING/DEPLOYMENT.

_____
(HOME) / (WORK)

DO YOU HAVE ANY FAMILY MEMBERS ILL, UNDERGOING SURGERY, OR PREGNANT? IF SO, PLEASE GIVE NAME AND RELATIONSHIP AND NATURE OF CONDITION. IF PREGNANT INCLUDE DUE DATE.

_____

CHILDREN'S INFORMATION

NAME OF CHILD(REN)	Gender	DATE(S) OF BIRTH / AGES
	Drop Down Box - Female Male	Drop Down Box

SDNG FORM 600-12-11 (17 Sep 06)

SOUTH DAKOTA NATIONAL GUARD FAMILY PROGRAM VOLUNTEER TIME/RECORD FORM

NAME_____ **UNIT**_____

Please document your volunteer hours below. Include time spent in volunteer meetings, planning, traveling to and from other units or areas, telephoning, working at home on projects, unit activities at which you work, and anything else that falls under volunteering with the family program.

Drop Down Box

Drop Down Box

DATE	ACTIVITY/EVENT	JOB PERFORMED	# OF HRS	MILES LOGGED

TOTAL HOURS Drop Down Box

SPECIAL POWER OF ATTORNEY OVER DEPENDENTS
TWO MILITARY PARENT FAMILY

KNOW ALL PERSONS BY THESE PRESENTS: that I, _____,

SSN _____, have made, constituted, and appointed, and by these presents do make, constitute, and appoint my spouse as my primary true and lawful attorney to act as provided below. In the event both I and my spouse are in an official military duty status as defined below, I

make, constitute, and appoint _____, whose

present address is _____, my true and lawful attorney to act as follows, **GIVING AND GRANTING** unto my said attorney full power to:

1. Have custody, care and control over my child(ren), and to authorize and order all necessary items or services for my child(ren)'s welfare and benefit, to include, but not limited to, schooling, clothing, housing, food, and other necessities of life and to otherwise act as temporary custodian of my child(ren).

2. Authorize any and all medical, dental, and hospital care and treatment, either preventive or corrective, including major surgery, deemed necessary by a duly licensed physician or dentist for the health and well-being of my child(ren), and to execute any consent and release of waiver of liability required by the hospital authorities incident to medical care and treatment for my child(ren), namely:

Name	SSN
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FURTHER, I do authorize my aforesaid Attorney-in-Fact to sign for me all forms, papers, affidavits, statements of ownership, certificates, and receipts necessary to carry out the aforesaid authorizations and to perform any and all necessary acts in the execution of the aforesaid authorizations with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

I DECLARE that this Power of Attorney shall only be in effect whenever I am in an official military duty status, including but not limited to State Active Duty, Active Duty under either Title 10 or Title 32, United States Code, Initial Active Duty for Training, Inactive Duty for Training, Annual training, Active Duty for Special Work, Active Duty for Training, Readiness Management Period, and Absent Without Leave if such status results after reporting for duty; and the this Power of Attorney shall be in effect during the period that I travel between my place of duty and my principle residence, allowing for the delivery of my child or children to my Attorney-in-Fact; and that this Power of Attorney shall be in effect during interim non-duty periods where I remain away from my principle residence that may occur between such periods of military duty.

I DECLARE that this Power of Attorney shall continue to be effective should I become disabled, incompetent or incapacitated prior to the below-stated expiration date.

NOTWITHSTANDING my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing,", "missing in action" or "prisoner of war", then this Power of Attorney shall automatically remain valid and in full effect unit sixty (60) days after I have returned to United State military control following termination of such status.

I FURTHER DECLARE, UNLESS SOONER REVOKED OR TERMINATED by me, this Power of Attorney shall become **NULL** and **VOID** from and

after the _____ day of _____, 20____.

DATED this _____day of _____, 20____.

_____
PRINCIPAL

STATE OF SOUTH DAKOTA)
)SS.
COUNTY OF_____)

On this the ____ day of _____, 20___, before me,

_____, the undersigned officer, personally appeared

_____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that the principal executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

My commission expires:_____

(SEAL)

_____
NOTARY PUBLIC or OFFICER as authorized by SDCL s 33-3-28

_____
Title or position

NO SEAL NECESSARY

CERTIFICATE OF ACCEPTANCE OF RESPONSIBILITY

I, _____, was provided an original SDNG Form 600-20 (Special Power of Attorney Over Dependents) naming me as Attorney-in-Fact with full powers regarding the below-listed dependent family members of:

_____		SSN	_____
NAME	_____	DOB	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

I agree to accept responsibility for these dependent(s). I have received all necessary and essential documents required to provide financial, medical, educational, quarters, and substance support for these dependents.

Dated this _____ day of _____, 20___.

PLEASE TYPE OR PRINT:

_____ (SIGNATURE)

_____ Name

_____ Address

_____

_____ Phone

STATE OF SOUTH DAKOTA)
)SS.
COUNTY OF _____)

On this the _____ day of _____, 20___, before me,

_____, the undersigned officer, personally appeared

_____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that _he executed the name for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

_____
NOTARY PUBLIC - SOUTH DAKOTA

My commission Expires: _____

(SEAL)

SDNG FORM 600-21 (1 AUG 97) (Unit keeps original, copy goes to soldier)

REQUEST FOR CERTIFICATION OF HIGH SCHOOL EDUCATION

APPLICANT'S NAME: _____

LAST SCHOOL ATTENDED: _____

LAST GRADE ATTENDED: _____

CURRENT GRADE ATTENDING: _____

I authorize the Officials of the above named school to release the necessary information for enlistment into the South Dakota Army National Guard.

_____
APPLICANT'S SIGNATURE/DATE

****

According to the records at _____. the above
NAME OF SCHOOL
named individual has completed the requirements necessary to be considered a graduate of the Drop Down Box Grade.
INSERT HIGHEST GRADE COMPLETED

If the applicant is currently a student, is he/she:

a. Expected to graduate from high school? Check Box option
YES X NO X

b. Date of expected graduation? Drop Down Box
DAY MONTH YEAR

If applicant is a high school junior, when will he/she:

a. Complete their junior year? Drop Down Box
DAY MONTH YEAR

b. Start their senior year? Drop Down Box
DAY MONTH YEAR

If the applicant has terminated his/her enrollment in your school prior to graduation, have they completed the requirements necessary to be considered a graduate of the 9th grade?
YES: X NO: X NOT APPLICABLE: X

Check Box option

_____
SIGNATURE OF SCHOOL OFFICIAL/DATE

_____
POSITION OF SIGNING SCHOOL OFFICIAL

SDNG FORM 605 (29 Jun 92)

MILITARY FUNERAL HONORS DUTY RECORD/ORDER

(32 USC 115)

Name of Participating Soldier: _____

Social Security Number: _____

Grade: _____

Unit of Assignment/UIC: _____

This soldier is authorized to participate in Military Funeral Honors on the date indicated below. Submit one form for each soldier for each schedule period of duty, but no more than one period per day.

AUTHORIZING OFFICIAL: [redacted] _____

Mark the appropriate code below:	
Check Box option — **Duty Status**	**Pay Status** Check Box option
☒ A - *Active duty for military funeral*	☒ S - *Sipend payable*
☒ R - *Active Guard Reserve*	☒ N - *No Stipend Due*
☒ T - *Technician*	☒ P - *Per Diem & Mileage Authorized*
☒ M - *M-Day soldier (not AGR, Tech, AT, ADT,ADSW/FTNGDSW)*	
☒ O - *Other (Civilian Volunteer, ROTC, VSO Member, Retiree, etc.*	

Date of Duty: Drop Down Box Start Time: Drop Down Box End Time: Drop Down Box

AUTHORIZING ACTIVITY (CAC): _____

CERTIFYING OFFICIAL (DUTY): _____

LOCATION OF DUTY (CITY/STATE): _____

Check Box option

☒ (General Account Code)	21 _ 2065 4FH 18-1039 133G92F0-21T2 S39029 G2X G39597
☒ (Enlisted AGR Account Code)	21 _ 2060 51A 18-1039 2H611100-21T2 S39029 801 G39697
☒ (Officer AGR Account Code)	21 _ 2060 51A 18-1039 2H511000-21T2 S39029 801 G39697

CERTIFICATION FOR STIPEND PAYMENT

Use this certification block only when the soldier is due payment of the stipend for Military Funeral Honors

I certify that the individual named performed Military Funeral Honors duty in accordance with published guidance and procedures. I further certify that this individual did not perform this period of duty in a technician status, was not performing active duty under any part of the United States Code (USC) and is due payment of the MFH stipend.

Electronic Signature
SIGNATURE OF CERTIFYING OFFICIAL

Drop Down Box
DATE

Order Number: _____ **(To be completed by MFH Coordinator)**

SDNG FORM 608 (1 AUG 00)

REQUEST FOR FUNERAL DETAILS

DATE OF REQUEST	RECEIVED BY
~~23 Mar 2001~~ Drop Down Box	

NAME OF DECEASED	GRADE	SSN	SERVICE

UNIT OF ASSIGNMENT,ACTIVE DUTY IF KNOWN	DATE OF BIRTH
	Drop Down Box

Check Box Option

MILITARY STATUS: ACTIVE DUTY ☒ RETIRED ☐

VETERAN ☐ NATIONAL GUARD ☒ ARNG ☐ ANG ☐

RELIGION

WHO RECEIVES FLAG/NEXT OF KIN?

NAME RELATIONSHIP TELEPHONE

FUNERAL HOME AND/OR DIRECTOR

NAME:

TELEPHONE:

PLACE OF FUNERAL-LOCATION	PLACE OF BURIAL-LOCATION
DATE/TIME OF FUNERAL Drop Down Box	DATE/TIME OF BURIAL Drop Down Box
Check Box one or all option BUGLER ☐ CHAPLAIN ☐ PRESENTER ☐ PALLBEARERS ☐ FIRING SQUAD ☒	Check Box one or all option BUGLER ☐ CHAPLAIN ☐ PRESENTER ☐ PALLBEARERS ☐ FIRING SQUAD ☒

NAME OF REQUESTOR/TELEPHONE REMARKS

Check Box Option Check Box Option

ELGIBILITY CONFIRMED YES ☒ NO ☐ FULL BODY CASKET ☐

CREMAINS ☒

DATE OF DEATH: Drop Down Box RECEIVED BY:

PLACE OF DEATH:

TIME/DATE RECEIVED: Drop Down Box

CHAPLAIN:

SDNG FORM 608-1 (1 AUG 00)

MILITARY FUNERAL HONORS
DATA COLLECTION

1. Date of request for Funeral Honors: Drop Down Box

   UIC of unit providing the honors: _____

2. State where funeral takes place: Drop Down Box

3. Place of Interment/Inurnment: Check Box option

☒ National Cemetery ☒ Private Cemetery ☒ Alington Cemetery

☒ State Cemetery ☒ Base/Post Cemetery ☒ Other

4. Functions Requested (Check all that apply) Check Box one or all option

☒ Flag Folding and/or Presentation ☒ Chaplian

☒ Taps ☒ Fly-over

☒ Firing Party ☒ Expanded Honors (Color Guard,drill team,caisson)

☒ Pall Bearers

5. Requestor's Relationship to Deceased: Check Box Option

☒ Family Member

☒ Friend of Family

☒ Funeral Director

6. Status of Deceased: Check Box option

☒ Active

☒ Retired from Active Duty

☒ National Guard (Active Duty)

☒ National Guard (Not on Active Duty)

☒ National Guard (Retired)

☒ Reserve (Active Duty)

☒ Reserve (Not on Active Duty)

☒ Reserve (Retired)

☒ Veteran
(Member who served in, but did not retire from the military)

7. Rank of Deceased: Check Box option on Any

☐ E - 1	☐ W - 1	☐ O - 1
☐ E - 2	☐ W - 2	☐ O - 2
☐ E - 3	☐ W - 3	☐ O - 3
☐ E - 4	☐ W - 4	☐ O - 4
☐ E - 5	☐ W - 5	☐ O - 5
☐ E - 6		☐ O - 6
☐ E - 7		☐ O - 7
☐ E - 8		☐ O - 8
☐ E - 9		☐ O - 9
		☐ O - 10

8. Parent Service/Component of Deceased: Check Box option on All

☐ Army	☐ Coast Guard
☐ Navy	☐ Army Air Corps/Army Air Forces
☐ Air Force	☐ Merchant Marine
☐ Marine Corps	☐ Other

9. Check functions provided: (Check all that apply) Check Box one or all option

☐ Flag Folding and/or Presentation	☐ Fly - overs
☐ Taps	☐ Expanded Honors (Color Guard, Drill Team, Caisson)
☐ Firing Party	
☐ Pallbearers	
☐ Chaplain	

10. If Taps were provided, how? Check Box Option on all

☐ Military Bugler (AD/Guard/Reserve) ☐ Recording

☐ Civilian/Contract Bugler/ROTC ☐ None provided

☐ VSO Bugler

11. Mode of transport for funeral honor personnel: Check Box

☐ POV ☐ GSA

12. Total round trip distance to and from funeral. Check Box Option on All

☐ 0-49 ☐ 50-99 ☐ 100-149 ☐ 150-199 ☐ 200-249 ☐ 250-299

☐ 300-399 ☐ 400-499 ☐ 500+

13. Time for detail to accomplish funeral honors (round to nearest hour). Drop Down Box
(Detail as a unit, NOT sum of all unit member hours)

14. Number of Detail Members from each Service: Check ~~Drop down~~ Boxes Option on

_____ Army _____ USCG _____ USMC

_____ USAF _____ Navy

15. Guard Detail Participation:

Army National Guard detail members in each status: Check ~~Drop down~~ Boxes on All

_X_ Federal (AGR/ADSW) _X_ Military Tech

_X_ State Duty _X_ M-Day

Air National Guard detail members in each status:

_X_ Federal (AGR/ADSW) _X_ Military Tech

_X_ State Duty _X_ M-Day

16. # VSO Detail Participation. Check ~~Drop Down~~ Boxes Option

_____ American Legion _____ VFW _____ Vietnam Vets of America

_____ Other (specify)